

CONSENT TO RELEASE STUDENT INFORMATION AUTHORIZATION FORM



In compliance with the Freedom of Information and Protection of Privacy Act, Coast Mountain College cannot release student information without the written authorization of the student. Completion of this form authorizes the release of information as specified by you. The organization or person (s) listed below will still be required to formally request this information from Coast Mountain College.

Contact Information		
NAME		
ADDRESS		CITY PROVINCE
POSTAL CODE	STUDENT NUMBER	PROGRAM
PHONE NUMBER		EMAIL
Part A—Type of Release		
<p>This form authorizes Coast Mountain College to release the following information to the person/organization indicated below.</p> <p> <input type="checkbox"/> Application & Admission Information <input type="checkbox"/> Tuition & Fee Information <input type="checkbox"/> Registration Information <input type="checkbox"/> Government/Private Loan Information <input type="checkbox"/> Academic Record Information: progress, grades, academic standing, graduation etc. <input type="checkbox"/> Awards Information <input type="checkbox"/> Other: _____ </p>		
Person/Organization Authorized to receive the above information for the duration of the release		
<p>Relationship to you:</p> <p> <input type="checkbox"/> Relative <input type="checkbox"/> Organization <input type="checkbox"/> Sponsor <input type="checkbox"/> Other: _____ </p>		
NAME		
ADDRESS		CITY
PROVINCE	COUNTRY	POSTAL CODE
PHONE NUMBER	FAX NUMBER	EMAIL
PART B—Duration of Release		
Start Date (MM/DD/YYYY): _____ End Date (MM/DD/YYYY): _____		
Student Approval		
By signing below, I hereby authorize Coast Mountain College to release my information indicated in Part A to the person/organization indicated for the specified period of time.		
STUDENT SIGNATURE		DATE

FOR OFFICE USE ONLY

DATE RECEIVED: _____ RECEIVED BY: _____